

Quality Measurement in the Establishment of the Select PPO Network

Introduction

Blue Cross of California developed the Select PPO network based on the method outlined in the ETG™ (Episode Treatment Group) white paper. This approach focuses on the cost-efficiency of physicians by comparing their average cost of care to the average cost of care of their same-specialty peers.

This paper describes the analysis of quality metrics used to further delineate the Select PPO network. This analysis shows that a wide array of quality measures are equivalent in the Select PPO and the Blue Cross PPO networks.

Episode of Care Methodology

Analysis was performed using the cost of care for specific patients, and for specific episodes of care for those patients. An Episode Treatment Group™ (ETG) is a patient classification system that groups medical services into categories that are clinically homogeneous (with similar cause of illness and treatment protocol) and statistically stable. This episode of care methodology was developed by Symmetry Health Data Systems, Inc. and is licensed by Blue Cross. The Select PPO network was defined based on the ETG analysis (for detail see ETG white paper).

Quality Metrics

Blue Cross has previously examined quality performance in our PPO network. The performance measurement program was originally launched as the Physician Quality and Incentive Program (PQIP) and began as a pilot program in October 2002 to recognize and reward physician performance. The program provides physicians with performance feedback and “best practice” process improvement tips. As part of the PQIP program, physicians may receive an increase in their fee schedule based on their performance. In 2007, we plan to expand the incentive program to include physicians in the Select PPO network who practice in the specialties listed in the next section of this document.

The program goals are as follows:

- i. Promote clinically effective health care
- ii. Encourage routine services for patients with chronic conditions
- iii. Assure timely delivery of preventive care services

We chose widely accepted measures that are evidence-based and endorsed by one of several well recognized authoritative sources in quality measurement including the National Committee for Quality Assurance (NCQA), the Ambulatory Care Quality Alliance (ACA), and specialty societies. Our measurement set is listed below.

Clinical Quality Indicators

ACE Inhibitor use in Congestive Heart Failure (CHF)
 Breast Cancer Screening
 Cervical Cancer Screening
 Childhood Immunizations: Measles, Mumps, Rubella (MMR)
 Childhood Immunizations: Varicella Zoster Vaccine (VZV)
 Chlamydia Screening for Women
 Colorectal Cancer Screening
 Compliance with lipid lowering drugs
 Diabetes: Diabetic retinal exam
 Diabetes: Glycosylated hemoglobin measured
 Follow-up for treatment for mental illness
 Long-term control drugs for asthma
 Treatment of major depression – effective continuation phase treatment
 Treatment of major depression – effective acute phase treatment
 Treatment of Upper Respiratory Infection (URI)

All the measures used are process measures. While this set does not include outcome measures as yet, it should be remembered that these process measures were selected from authoritative sources. As such, they reflect processes that are closely linked to favorable outcomes. In other words, we know that if a physician adheres to guidelines for the management of diabetes (e.g., annual retinal exams and measurement of HbA1c), we can reduce the incidence of outcomes such as blindness and other complications. Recent research has shown that providers who comply with recognized processes improvements for the treatment of heart attack have better results, thus confirming the link between the two.

PPO contracting physicians within the following specialties were scored using the quality measures:

Allergy
 Cardiology
 Endocrinology
 Family Practice and General Practice
 Gastroenterology
 Internal Medicine
 Obstetrics/Gynecology
 Pediatrics
 Pulmonology
 Psychiatry

Source Data

Blue Cross used claims and pharmacy data to produce the quality measures. Standard HEDIS or related methodology was used to measure the individual indicators. The denominator for each measure was the total number of eligible members in an individual

physician or group practice. The numerator for each measure was the number of members who met the standard. The result is expressed as the percentage of members in compliance with the measure.

Specialties Included

Because standard quality measures deal with preventive health and management of chronic medical conditions, the specialists profiled include those listed above.

There are few widely available administrative measures for the surgical specialists and thus they are not included in this analysis.

Group Selection

Physician scores were developed at the Tax ID level, a grouping which matches the groups used for the ETG analysis. Blue Cross calculated weighted averages for each measure in each Tax ID for the total Blue Cross PPO network and for those Tax IDs selected for the Select PPO network.

Network Adjustment

The weighted quality scores were used to define the poorer performing physicians, either individuals or groups, and these were excluded from the Select PPO network. Overall, approximately 1% of the Tax IDs were removed.

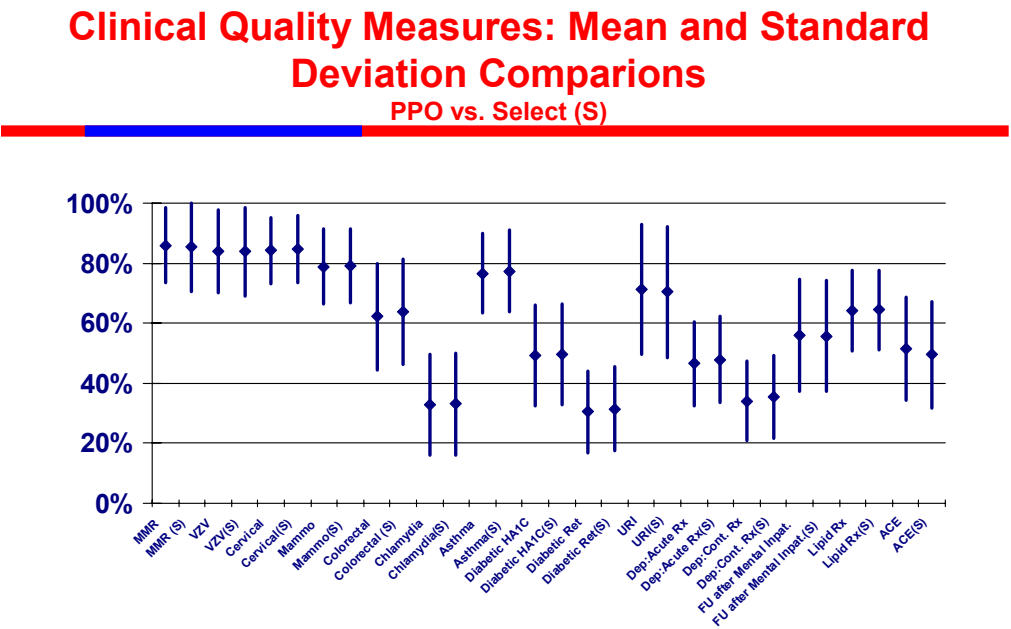
The table below shows the scores for each of the 15 measures. Reported are the mean and standard deviation for each measure.

Comparison of Quality Measures between PPO and Select PPO Networks

(Based on physicians with 10 or more eligible members)

Measures	Total PPO Network			PPO Select Network		
	Average	SD	N	Average	SD	N
Childhood Immunization: MMR	86%	12%	1,293	85%	15%	915
Childhood Immunization: VZV	84%	14%	1,293	84%	15%	915
Cervical Cancer Screening	84%	11%	10,067	85%	11%	5,985
Breast Cancer Screening	79%	12%	7,623	79%	12%	4,574
Colorectal Cancer Screening	62%	18%	8,774	64%	18%	5,223
Chlamydia Screening for Women	33%	17%	3,392	33%	17%	2,080
Diabetes: HA1C Screening	49%	17%	5,751	49%	17%	3,457
Diabetes: Diabetic Retinal Exam	31%	14%	5,751	31%	14%	3,457
Treatment of URI	71%	22%	3,955	70%	22%	2,471
Depression: acute phase	47%	14%	3,415	48%	14%	1,852
Depression: continuous phase	34%	13%	3,577	36%	14%	1,949
Follow-up After Hosp. for Mental Illness	56%	19%	346	56%	18%	11
Long-Term Control Drugs for Asthma	77%	13%	2,799	77%	14%	1,777
Compliance with Lipid Lowering Drugs	64%	13%	6,493	64%	13%	3,795
ACE Inhibitors Use in CHF	52%	17%	673	49%	18%	414
Total Physicians			19,411			10,756

Also shown is a graph of the measures:



For explanation of the abbreviations please see list of measures on page 2

The results clearly show that quality metrics are essentially identical between the two networks. We conclude that the quality profile of the Select PPO is equivalent to the total Blue Cross PPO network. The fact that the Select PPO physicians practice in a cost-saving manner does not compromise their quality.